

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

|                                 |              |
|---------------------------------|--------------|
| <b>Department File Number :</b> | M200432465   |
| <b>Claim Number :</b>           | A01-24963-00 |
| <b>Date Submitted :</b>         | 8/17/2004    |

### Insurer Information

|  |                                    |                      |                       |
|--|------------------------------------|----------------------|-----------------------|
| <b>Insurer Name</b>                        |                                    | <b>Coverage Type</b> |                       |
| FIRST PROFESSIONALS INSURANCE COMPANY, INC |                                    | Primary              |                       |
| <b>Insurer FEIN</b>                        | <b>Professional License Number</b> |                      |                       |
| 59-6614702                                 |                                    |                      |                       |
| <u>Insurer Contact Information</u>         |                                    |                      |                       |
| <b>Type</b>                                | <b>First Name</b>                  | <b>MI</b>            | <b>Last Name</b>      |
| Individual                                 | Cheri                              | M                    | Montague              |
| <b>Street Address</b>                      |                                    |                      |                       |
| 1000 Riverside Drive, Suite 800            |                                    |                      |                       |
| <b>City</b>                                | <b>State</b>                       |                      | <b>Zip</b>            |
| Jacksonville                               | FL                                 |                      | 32204                 |
| <b>Phone</b>                               | <b>Ext</b>                         | <b>Fax</b>           | <b>E-Mail Address</b> |
| (800) 741 - 3742                           | 3043                               | (904) 358 - 6728     | montague@fpic.com     |

### Insured Information

|                               |  |                                     |                                |
|-------------------------------|--|-------------------------------------|--------------------------------|
| <b>Type</b>                   | <b>First Name</b>                          | <b>MI</b>                           | <b>Last Name</b>               |
| Individual                    | Debra                                      | A                                   | Jones, M.D.                    |
| <b>Insurer Type</b>           | <b>Street Address of Practice</b>          |                                     |                                |
| Licensed                      | 1515 N. Flagler Drive, Suite 700           |                                     |                                |
| <b>City</b>                   | <b>State</b>                               | <b>Zip Code</b>                     | <b>County</b>                  |
| West Palm Beach               | FL   | 33401                               | Palm Beach                     |
| <b>Policy Number</b>          | <b>Per Claim Policy Limits</b>             |                                     | <b>Aggregate Policy Limits</b> |
| 28068                         | \$250,000                                  |                                     | \$750,000                      |
| <b>Profession or Business</b> |  | <b>Other Profession or Business</b> |                                |
| Medical Doctor                |  |                                     |                                |
| <b>License Number</b>         | <b>Specialty Code &amp; Classification</b> |                                     | <b>Certification Number</b>    |
| 64730                         | Surgery - Obstetrics - Gynecology          |                                     | 80153                          |

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

| Injured Person Information              |           |   |                                     |
|---|-----------|---|-------------------------------------|
| <b>First Name</b>                       | <b>MI</b> | <b>Last Name</b>                              | <b>Date of Birth</b>                |
| <b>Street Address</b>                   |           | <b>Gender</b>                                 | <b>County where Injury Occurred</b> |
|   |           | M   | Palm Beach                          |
| <b>City</b>                             |           | <b>State</b>                                  | <b>Zip Code</b>                     |
| <b>Location where injury occurred</b>   |           | <b>Other location where injury occurred</b>   |                                     |
| Hospital Inpatient Facility             |           |   |                                     |
| <b>Name of Institution</b>              |           | <b>Code</b>                                   |                                     |
| SAINT MARY'S HOSPITAL                   |           |   | 100010                              |
| <b>Location of Institutional Injury</b> |           | <b>Other Location of Institutional Injury</b> |                                     |
| Labor and Delivery Room                 |           |   |                                     |
| <b>Date of Occurrence</b>               |           | <b>Date Reported to Insurer</b>               |                                     |
| 9/25/2000                               |           |   | 10/24/2001                          |

| Diagnostic Information   |  |
|--|--|
| <b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b> |  |
| Birth of twins.  |  |
| <b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>           |  |
| Delay in delivery.   |  |
| <b>Diagnostic Code :</b>   |  |
| <b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>                            |  |
| None.  |  |
| <b>Principal Injury Giving Rise To The Claim</b>   |  |
| Death of one twin.   |  |
| <b>Severity Of Injury</b>  |  |
| Permanent: Death.  |  |

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

| Legal Information   |                                   |
|---|-----------------------------------|
| <b>Date of Suit</b>   | <b>Circuit Court Case Number</b>  |
| 2/26/2002   | CA-02-01954AJ                     |
| <b>County Suit Filed in</b>   | <b>Date of Final Disposition</b>  |
| Palm Beach  | 8/10/2004                         |
| <b>Other Defendants Involved in this Claim</b>  |                                   |
| Ignace-Morel, M.D., Marie<br>Kanter, M.D., David<br>Cordoba, M.D., Enoch<br>Bankston, M.D., John<br>St. Mary's Hospital |                                   |
| <b>Stage of Legal System at which Settlement was Reached or Award Made</b>  |                                   |
| More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.               |                                   |
| <b>Final Method of Claim Disposition</b>  |                                   |
| Settled by parties  |                                   |
| <b>Court Decision</b>   | <b>Other</b>                      |
| No Court Proceedings.   |                                   |
| <b>Arbitration</b>  | Claim not subject to Arbitration. |
| <b>Date of Payment</b>  |                                   |

| Financial Information   |                         |
|---|-------------------------|
| <b>Was there a settlement Resulting in payment to the Plaintiff?</b>  | No                      |
| <b>Indemnity Paid by Insurer on behalf of Insured</b>   | \$0                     |
| <b>Loss Adjust Expense Paid to Defense Counsel</b>  | \$41,204                |
| <b>All Other Loss Adjustment Expense Paid</b>   | \$46,284                |
| <b>Injured Person's Total Non-Economic Loss</b>   | \$0                     |
| <b>Deductible</b>   | \$0                     |
| <u>Injured Person's Total Economic Loss</u>   |                         |
|   | <u>Incurred to Date</u> |
| <b>Medical Expense</b>  | \$0                     |
| <b>Wage Loss</b>  | \$0                     |
| <b>Other Expenses</b>   | \$0                     |
| <u>Anticipated</u>  |                         |
| <b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>  |                         |
| Insurance company staff consulted with insured to discuss preventative measures. Risk management referral is made if appropriate. |                         |

| Updates           |
|-------------------|
| No updates found. |